



INSTRUCTIONS TO EMPLOYER: Complete and return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
TEACHER LICENSING
P.O. BOX 7841
MADISON, WI 53707-7841**

FAX Number: (608) 264-9558

Website: www.dpi.state.wi.us/dlsis/tel

This form is available at
www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf

To the Applicant:

Please complete the top part of the form and forward it to your employer (District Administrator or Personnel Director) for verification.

APPLICANT INFORMATION
Complete and Forward to District

Name—Last	First	Middle	Other	Social Security Number*
Name of Employing School District / Agency				Location of Employment
Position Held				Employment Dates From <i>Month/Year</i> To <i>Month/Year</i>

VERIFICATION BY EMPLOYER

To the Employer:

Please check your records and provide the requested information to verify that the above applicant has had successful employment. List any exceptions or limitations in the space provided below. ***Complete and mail or fax to DPI.***

Applicant's Position <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Other <i>Specify</i> _____	Grades Taught <i>If applicable</i>
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If assigned to teach in a departmentalized elementary or secondary school:

Subjects Taught (Be Specific)	Dates (Month/Year)	
	From	To
	From	To
	From	To
	From	To

Exceptions, Limitations or Other Comments

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the above mentioned educational employment was successful.

Name of School District or Employer

Signature of Employer

Date Signed

Title

Employer Telephone *Area Code/No.*

*Collection of Social Security number is voluntary and is used solely for validation purposes and will not be released without written permission.

Employer—Please return this form to DPI—Teacher Licensing.